North Carolina
Department of Health and Human Services
Division of Medical Assistance
Financial Operations/Rate Setting
1985 Umstead Drive – 2501 Mail Service Center - Raleigh, N.C. 27699-2501

Michael F. Easley, Governor

L. Allen Dobson, Jr., M.D. Assistant Secretary

Carmen Hooker Odom, Secretary

for Health Policy and Medical Assistance

Registration for the 2006 Personal Care Services Cost Report Training Class

The Division of Medical Assistance (DMA) will be conducting training for the prepartation of the 2006 Personal Care Service Cost Report. The new registration form, the 2006 PCS Cost Report schedules, the instruction manual, and a PowerPoint presentation will be posted on DMA's website by May 14, 2007.

Pre-registration is required due to limited space availability. Your registration form needs to be received and confirmed at least five (5) business days prior to the training class you wish to take. Please complete the attached registration form, choosing the training date and time that is most convenient for you. Seating availability will be based on a first come, first serve basis. The training site is able to accommodate between 60-70 participants. A confirmation of your registration will be sent to you.

Please submit the registration form to betty.jones@ncmail.net or fax it to 919-715-2209. In the subject line of your e-mail please reference the following: "provider's name and 2006 PCS Cost Report Registration Form".

Training sessions are scheduled at the NCDOT Training Center, 313 Chapanoke Road, Garner, NC 27603, for the dates and times below:

Date			
June 7, 2007, Thursday	☐ *TIME: 9:00 AM to 12:00 PM*	☐ *TIME: 1:30 PM to 04:30 PM*	
June 8, 2007, Friday	☐ *TIME: 9:00 AM to 12:00 PM*	☐ *TIME: 1:30 PM to 04:30 PM*	
June 27, 2007, Wednesday	☐ *TIME: 9:00 AM to 12:00 PM*	☐ *TIME: 1:30 PM to 04:30 PM*	
June 28, 2007,Thursday	☐ *TIME: 9:00 AM to 12:00 PM*	☐ *TIME: 1:30 PM to 04:30 PM*	

Tax ID#	Medicaid Provider #(s)
Provider Name	Date of Class **Morning or Afternoon**
Participant #1′s Name	Participant #2′s Name
Telephone #	Telephone #
Fax #	Fax #
Email Address	Email Address